



REGISTRATION FORM

Keyboard Gymnastics of Phoenix Performance Event



May 14, 2010
 Registration Deadline: April 30, 2010
 Registration Fee: \$7.00 per student
 (\$5 if doing all seven events)

Teacher Name _____ Phone _____ E-Mail: _____

Address: _____

Number of Students Entered: _____ Amount Enclosed: _____ (indicate if pre-paid)

Teacher, please sign: I have read and agree to abide by all participation requirements: _____

I own a Keyboard Gymnastics Program Manual: _____

Send registrations with checks (payable to Keyboard Gymnastics of Phoenix) to:
 Liz G. Owens * 16020 N. 52nd Place * Scottsdale, AZ 85254 * lizmo1@juno.com

Please complete for each student. Make copies as needed.

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Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Solo #1 Title: \_\_\_\_\_ Composer: \_\_\_\_\_ Length: \_\_\_\_\_

Solo #2 Title: \_\_\_\_\_ Composer: \_\_\_\_\_ Length: \_\_\_\_\_

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Student's Name _____ Age/Grade _____

Solo #1 Title: _____ Composer: _____ Length: _____

Solo #2 Title: _____ Composer: _____ Length: _____

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Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Solo #1 Title: \_\_\_\_\_ Composer: \_\_\_\_\_ Length: \_\_\_\_\_

Solo #2 Title: \_\_\_\_\_ Composer: \_\_\_\_\_ Length: \_\_\_\_\_

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Student's Name _____ Age/Grade _____

Solo #1 Title: _____ Composer: _____ Length: _____

Solo #2 Title: _____ Composer: _____ Length: _____

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Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Solo #1 Title: \_\_\_\_\_ Composer: \_\_\_\_\_ Length: \_\_\_\_\_

Solo #2 Title: \_\_\_\_\_ Composer: \_\_\_\_\_ Length: \_\_\_\_\_